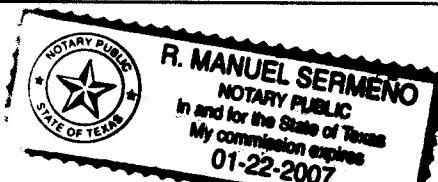


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST JESUS MI NICKNAME LAST ORTEGA SUFFIX	<b>OFFICE USE ONLY</b> Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged CITY CLERK DEPT. 05 APR 29 PM 1:31	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 261 PEWS ST E1 PASO TX 79905		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 772-9542		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST JESUS MI NICKNAME LAST ORTEGA SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 261 PEWS ST E1 PASO TX 79905		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 772-9542		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 3 / 20 / 05    04 / 29 / 05		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 5 / 7 / 05		
12 OFFICE	OFFICE HELD (if any) NA	13 OFFICE SOUGHT (if known) Representative District #3	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Jesus ORTEGA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3-29-05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jesus Bonavides	7 Amount of contribution (\$) \$1500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6001 Geiger El Paso TX 79905			
9 Principal occupation / Job title (See Instructions) DGR		10 Employer (See Instructions) RENAL CARE GROUP	
Date 4-2-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Guillermo Chaurra	Amount of contribution (\$) \$1300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 220 N. VALENIA El Paso, TX 79905			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-15-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jesus Bonavides	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6001 Geiger El Paso, TX 79905			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-18-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jesus ORTEGA	Amount of contribution (\$) \$150	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6001 Geiger El Paso, TX 79905			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME <b>JESUS ORTEGA</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3-23-05</b>	5 Payee name <b>USPS</b>	7 Amount (\$) <b>\$300</b>	
6 Payee address; City; State; Zip Code <b>AIRPORT MAIN OFFICE EL PASO, TX 79910</b>		CITY CLERK DEPT. 05 APR 29 PM 1:31	
8 Purpose of payment (See instructions regarding type of information required.) <b>order of stamps</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <b>4-13-05</b>	Payee name <b>USPS</b>	Amount (\$) <b>\$632</b>	
Payee address; City; State; Zip Code <b>AIRPORT MAIN OFFICE EL PASO, TX 79910</b>			
Purpose of payment (See instructions regarding type of information required.) <b>Mail</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date <b>4-13-05</b>	Payee name <b>WALMART</b>	Amount (\$) <b>\$170</b>	
Payee address; City; State; Zip Code			
Purpose of payment (See instructions regarding type of information required.) <b>office supplies</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date	Payee name	Amount (\$)	
Payee address; City; State; Zip Code			
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**